



## Pre-budget Submission

- *Women's Health Strategy*
- *Rural upskilling and training*
- *Endometriosis*

## Contents

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<b>Message from the President .....</b>	<b>3</b>
<b>Women's Health Strategy – Implementation and Engagement .....</b>	<b>4</b>
Overview.....	4
Proposal.....	4
Proposal Outcomes and Value Proposition .....	5
<b>Rural Upskilling and Training .....</b>	<b>6</b>
Overview.....	6
Proposal.....	6
Impact and value creation .....	7
<b>Endometriosis – Implementation and maintenance of clinical practice guideline .....</b>	<b>8</b>
Overview.....	8
Proposal.....	9
Impact and value creation .....	10
<b>References.....</b>	<b>11</b>

## Message from the President

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) is pleased to present our 2022-23 pre-budget submission prior to this budget cycle.

As the peak body for Women's Health in Australia, RANZCOG continues to strive towards excellence and equity in Women's Health through education, advocacy, and engagement. RANZCOG is a respected voice both in the medical community and for the general public. We have engaged with key stakeholders including the Department of Health to develop targeted solutions to key issues facing women, their families, and our members.

We remain strongly supportive of and committed to delivering the important initiatives outlined in the National Women's Health Strategy 2020-2030 document. The strategy document identifies several priorities and initiatives that need to be delivered across Australia. We believe that such initiatives require a coordinated and consistent approach in order to maximise the outcomes and impact. We believe that the establishment of a National Council for Women's Health will be an important first step in focussing the efforts of a diverse group of stakeholders towards delivering these initiatives.

Workforce maldistribution and the lack of consistent upskilling opportunities remain key barriers to enabling and maintaining safe and equitable maternity care in rural and remote areas. Data collected through RANZCOG membership and reports provided to the Medical Workforce Reform Advisory Committee clearly outline the ongoing shortage of specialists in rural and remote areas. There is also a lack of upskilling and training opportunities for GP Obstetricians and other healthcare professionals who are critical to the provision of safe and equitable obstetrics and gynaecology care. A structured training and upskilling program targeting rural and remote healthcare professionals and delivered appropriately will reduce barriers in accessing training. It will also aid in ongoing capacity-building and succession planning within rural and remote communities and ensure obstetrics and gynaecology services remain consistently available to these communities.

While the National Action Plan for Endometriosis has been delivered, there is an ongoing need to increase clinician awareness of and access to the Endometriosis Guideline, as well as to develop effective implementation and dissemination strategies. Evidence shows a direct correlation between adherence to the guideline and improved patient outcomes. The National Women's Health Strategy 2020-2030 has outlined this under key priorities. RANZCOG is well positioned to lead the ongoing maintenance, dissemination, and implementation of the clinical practice guideline in collaboration with key stakeholders.

We look forward to working with the Federal Government, Department of Health, stakeholders, and consumers to deliver equitable, accessible and high-quality maternity care for women and their families across Australia.



Dr Benjamin Bopp

President, RANZCOG

## Women's Health Strategy – Implementation and Engagement

### Overview

In May 2021, RANZCOG hosted a National Women's Health Summit at Parliament House in Canberra, with the aim of bringing together a diverse range of stakeholders to discuss and address health challenges faced by Australian women. The Summit hosted 120 delegates, with another 500 delegates participating online. The event has engaged with over 200 organisations from across the country and has enabled RANZCOG to develop a statement identifying key themes and outlining important recommendations. The summit drew on some key issues outlined in the National Women's Health Strategy 2020-2030, focusing on the health needs of women and girls in Australia over the medium term.

The COVID-19 pandemic has significantly impacted the capacity of organisations to deliver large-scale initiatives on a standalone basis. The pandemic has also brought about logistical challenges around travel, engagement and delivery of events and initiatives. It is evident that there will be significant delays in the delivery of projects and initiatives over the next few years. Several organisations and individuals with a focus on delivering the Women's Health Strategy are initiating efforts across the board, however these efforts need to be concentrated and collaborative to ensure that the outcomes are maximised. RANZCOG believes that the high level of collaboration required can be achieved through the establishment of a National Women's Health Advisory Council, which facilitates the delivery of some of the initiatives within the Women's Health Strategy 2020-2030 and provides strategic direction. The Council can also be tasked to provide ongoing monitoring, evaluation, and regular reporting to the government, ensuring ongoing visibility and metrics for the Women's Health Strategy.

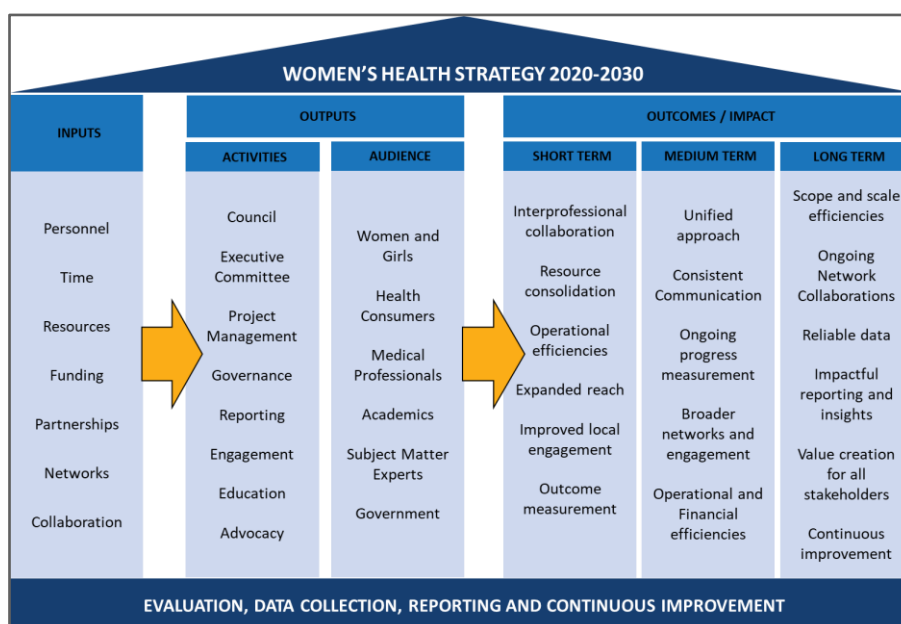
### Proposal

The Women's Health Strategy outlines several key priority areas and strategic objectives. To realise these objectives, it is crucial to adopt a national approach to the planning and delivery of key initiatives and activities to a diverse range of stakeholders. As with any large-scale strategy, the engagement and delivery must be underpinned by the collection and effective use of data to monitor, evaluate and continuously improve offerings. Data and reporting will also influence strategic decision-making on future projects and initiatives. RANZCOG proposes the establishment of a National Women's Health Advisory Council, with involvement from a diverse range of stakeholders representing various facets of Women's Health in Australia. The Council will provide advice in the development of a monitoring and reporting framework to support the Women's Health Strategy and to guide its implementation. The framework will include key performance indicators developed in consultation with the Advisory Council and the government. The Council will also provide advice and guidance on engagement and communication. It is proposed that RANZCOG leads the establishment and facilitation of the Council and Executive group. As mentioned earlier in this document, RANZCOG's expertise, experience and networks will be of great benefit in implementing these recommendations. The Council membership will be designed to ensure that all aspects and priorities of maternity care are covered.

The structure of the Council is crucial for the successful realisation of the Women's Health Strategy. It is proposed that the representation covers not just health organisations, but also a range of community and consumer groups whose inputs will be valuable in implementing the strategy. RANZCOG can provide operational support to the Council and facilitate Council and Executive Group meetings through a dedicated support role. RANZCOG can also provide ongoing project management and monitoring to ensure continued progress of the implementation. The implementation for this initiative including Council operations will require minimum of **\$230,000 per year**. The budget will cover program management and implementation, delivery of a Women's Health Summit, engagement, networking events, administration, and governance. It is proposed that the Council is established for a three-year period to allow sufficient time to complete activities and evaluation.

## Proposal Outcomes and Value Proposition

A clear vision and plan will help realise several value propositions in the implementation of the Women’s Health Strategy. The effective delivery of meaningful health outcomes for women and girls will be the core focus of the recommended model, as illustrated in the diagram below.



Based on the objectives identified in the Women’s Health Strategy 2020-30 document, it is evident that a consistent, collaborative approach is essential to the implementation of the strategy over the next decade. The establishment of the Council and Executive Committee is an important first step towards developing this approach. This will ensure buy-in and representation from a diverse range of stakeholders and will create a platform for collaboration and strategic direction. Investment in qualified and experienced personnel to provide governance and project management is crucial to ensure that the Council foundations are effectively established. The governance and project management functions will ensure ongoing measurement of progress and provide the operational oversight crucial to the implementation of the strategy. These functions will also enable ongoing reporting and evaluation to measure progress and to make improvements to the implementation process.

The Council will play the role of a facilitator, connecting different organisations who are involved in the delivery of initiatives within the strategy. Given the diverse range of members on the Council, this will be a significant opportunity to realise efficiencies through knowledge-sharing and collaboration. Data collection and reporting play a key role in ongoing improvement and evaluation. Data will be collected both actively and passively and will help identify participation levels and impact of initiatives. The Council will also be able to measure end-user engagement across a range of channels through usage statistics and participant feedback. When this is consistently undertaken over a longer period, the data will also form a reliable evidence base with meaningful statistics on the impact of the strategy on women’s health outcomes. The Council will guide the development of a monitoring and reporting framework to guide strategy implementation. The framework will need to include key performance indicators for the strategy and will direct the data collection and communication activities. The focus over this three-year Council period will be to deliver better and more meaningful health outcomes to women and girls across Australia through collaboration, engagement, and continuous improvement.

## Rural Upskilling and Training

### Overview

RANZCOG recognises the essential need for equitable access to healthcare services for all Australians. Recent O&G workforce data collected from the RANZCOG membership demonstrated that over 80% of the specialist O&G workforce are based in MMM1, and only around 8% are based in MMM 3-7. This highlights a significant maldistribution of the workforce that requires urgent attention. The data also identified a lack of upskilling and training opportunities provided in rural, regional, and remote areas. In particular it was stressed that limited access to procedural training has made it difficult for GP Obstetricians to undertake supervised procedural training. Consequently, this has contributed to significant gaps in access to maternity services in rural, regional, and remote Australia. Obstetrics and gynaecology care in Australia is delivered by a range of professionals including O&G specialists, GP Obstetricians, midwives, nurses, and allied health workforce. In rural and remote areas, maternity care is heavily reliant upon GP Obstetricians (the College DRANZCOG and DRANZCOG Advanced membership) and midwives. GP Obstetricians are trained to deliver high quality obstetric services and have the additional capacity to provide care across a broad spectrum. While specialist support is essential, and is a necessary important aspect of this proposal, RANZCOG emphasises the centrality of the GP and GP Obstetrician to safe and equitable provision of health in rural and remote Australia.

A report by the Regional Australia Institute has indicated that more millennials (20 to 35 years old) are likely to look for professional opportunities in regional areas. The report classes regional areas as anything except the capital cities and indicates that approximately 1.2 million people moved into, and around regional Australia based on data from the 2016 census. The primary drivers for millennials to move to regions were identified as housing affordability, career advancement opportunities and better lifestyle opportunities, and such movement contributes to the building of human and social capital within regional communities. The growing population of younger families in rural, regional, and remote Australia creates communities and networks which need to be sustained and adequately serviced. Providing access to quality maternity services will ensure that these families are able to have their children closer to their communities, thereby reducing the need to travel or relocate to metro areas. The need to travel large distances to access medical services is time-consuming, expensive, and separates people from their families and communities at a time when they are most vulnerable.

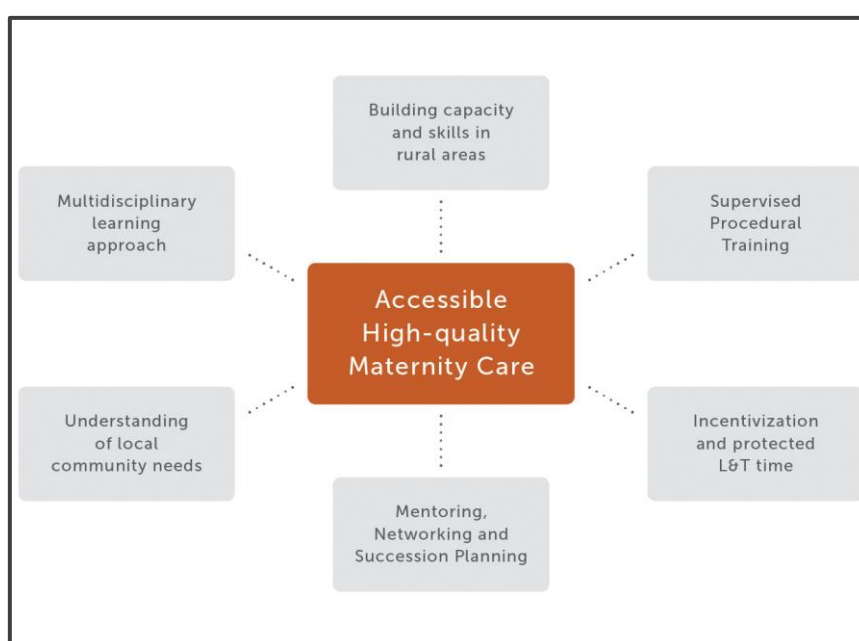
### Proposal

RANZCOG proposes the development and delivery of the Obstetrics and Gynaecology Education and Training (OGET) Program. The program would be overseen by RANZCOG to be delivered nationally, with a primary focus on regional, rural, and remote areas (MMM2-7). The program will deliver upskilling and education for a range of medical professionals who play a key role in the provision of obstetrics and gynaecology services in rural areas. The program will be delivered using a hub and spoke model, where the hubs provide onsite or outreach training to their peripheral hospitals in the form of case-based learning, lectures, interactive forums, simulations, and in-situ training. In addition to clinical skills, the training will also address other critical aspects such as cultural competence, wellbeing, leadership, communication, and people management. The program will also incentivise hubs and sites to participate by providing funding to protect teaching time and to cover procedural training opportunities. RANZCOG will provide strategic oversight and project governance and will liaise with other key peak bodies and organisations to form a program steering committee. The intended program outcomes will be improved quality and access to obstetrics and gynaecology care received by women in rural, regional and remote Australia, as well as the development of a more sustainable model of care through capacity-building and upskilling.

The proposal covers annual budget to run this program across 30 hubs, with a potential to service 240 sites in total (8 sites per hub). The program would require approx. **\$6.5M per year**. The budget will cover program administration and delivery, committee management, engagement, resource development and technology. A program of this scope and proposed impact needs to be run over multiple years to realise the full scale of intended benefits. For OGET to become sustainable and scalable, it is recommended that it runs over three years. A pilot version of this program is currently approved and underway and will serve as a strong launching pad for a full-scale version.

### Impact and value creation

The program will result in ongoing value creation within, rural, regional, and remote communities. A multi-disciplinary approach to upskilling will ensure that a wider range of medical professionals from rural, regional, and remote areas are provided with ongoing training and education to provide maternity services. GP Obstetricians, midwives and nurses providing critical maternity services in rural, regional, and remote areas will benefit from learning from each other and from specialists.



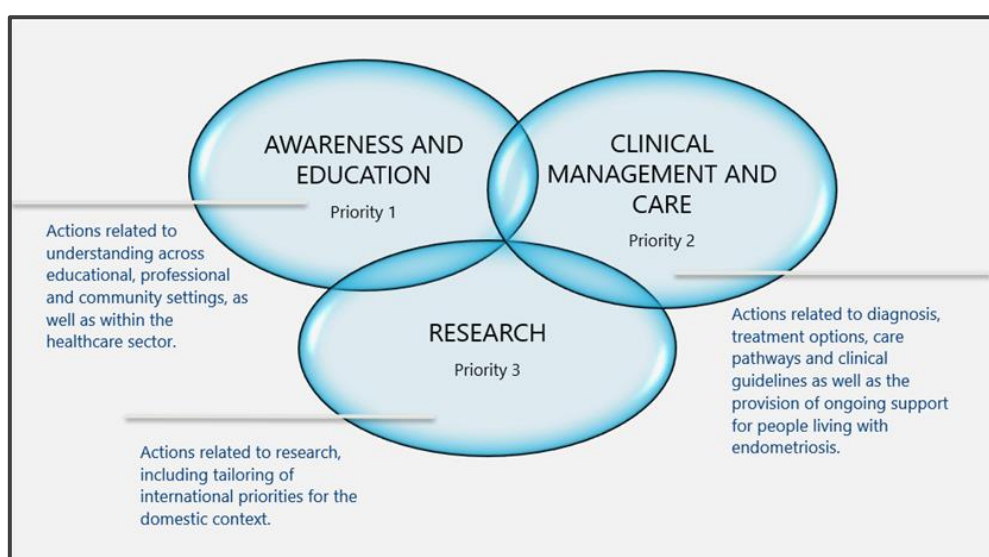
One of the key challenges in rural areas is the gap created through retirement or relocation of medical professionals. Networking and mentoring combined with the right upskilling and supervision could lead to better succession planning. Providing incentives for teaching and learning will encourage more specialists and hospitals to provide education sessions and procedural training opportunities. The incentives will also enable rural, regional, and remote sites to “buy-in” specialist time to provide training and supervision, thereby building capacity in-house rather than relying on expensive locums or patient transfers. As part of the supervised procedural training, the program will require GP Obstetricians to spend time as part of the maternity team at the hospital that is providing the training. This provides a more complete training with end-to-end exposure. Incentivising hospitals that offer procedural training will enable them to use some of the funds towards dedicated training of their registrars either by running sessions or subsidising the purchase of simulation equipment. All the above initiatives will contribute significantly to the provision of reliable obstetrics and gynaecology services within local communities. Ongoing engagement within these communities will also enable us a better understanding of the specific needs of the communities, and the program elements can be tailored to meet these needs. This approach will create a virtuous cycle of learning and application of knowledge. RANZCOG is uniquely placed, as the leading body in women’s health in Australia, to plan and implement a program that strengthens the provision of obstetrics and gynaecology services in rural, regional, and remote Australia, supporting the people who care for their community.

## Endometriosis – Implementation and maintenance of clinical practice guideline

### Overview

Endometriosis is a chronic, debilitating condition that afflicts more than 830,000 Australians, and negatively impacts their quality of life. It is a disease of adolescents and reproductive-aged women characterised by the presence of endometrial tissue outside the uterine cavity. It is commonly associated with persistent pelvic pains, fatigue and infertility. Despite a range of symptoms, the diagnosis of endometriosis is often delayed due the stigma and cultural taboo (consulting male doctors on ‘women’s business’), non-availability of definitive diagnostic tools, as well as low education (or miseducation) about menstrual health. In 2020 Australians experienced delays that averaged 6.5 years from symptom onset to diagnosis.<sup>i</sup> One in four Australians (40%) living with the undiagnosed condition experience difficulty conceiving without the help of fertility treatments. as endometriosis often recurs.

Endometriosis accounted for 34,200 hospitalisations in 2016-17 across Australia, with at least one procedure occurring in 95% of these hospital separations. In 2017–18, the estimated costs associated with endometriosis was AU\$7.4 billion, mostly through reduced quality of life and productivity losses although this may be an underestimate. Early recognition and treatment of the condition is key. In 2021, RANZCOG published the first Australian clinical guideline on the diagnosis and management of endometriosis (guideline), funded by the Australian government. Publication of the evidence-based guideline is an important deliverable of the Australian Government’s overarching National Action Plan for Endometriosis (2018) (Action Plan), Priority 2, listed below:



*Extract from the Australian government National action plan for Endometriosis (2018)*

The Action Plan outlines clear objectives to improve access to ‘appropriate, available and accessible’ services, through:

- Evidence-based clinical guidelines and an effective accreditation process for clinicians, to promote diagnostic and treatment excellence.
- Better-informed, earlier access to detection, diagnosis, intervention, management and care.
- Improved case management and integration between services at each stage of the care pathway, to support the individual patient care pathway.



## Proposal

Empirical evidence shows that adherence to clinical practice guidelines improves patient outcomes.<sup>ii</sup> In order to improve clinicians' awareness and access to the endometriosis guideline, effective guideline dissemination and implementation strategies are needed. RANZCOG recognises the importance in implementing the guideline. Promoting awareness and uptake of the guideline among clinicians working in primary and secondary care is the critical first step to improve community awareness, together with availability of educational resources, and an appropriate pathway to care. RANZCOG is well placed to lead a Commonwealth-funded dissemination and implementation program. The College proposes to lead a 3-part dissemination and implementation plan over 3 years, harnessing the expert oversight of the existing guideline development group. The work will span 3 phases over a 3-year period as follows:

### Guideline dissemination activities

- Promote the guideline among the target audience and develop clear succinct clinical and plain language quick reference resources for use by GPs, healthcare professionals together with consumers to improve the earlier diagnosis of endometriosis that leads to evidence-based treatment of chronic condition and in time, improves the visibility of endometriosis in public life.
- Deliver the synthesised information across multiple platforms, with the information supported by existing culturally appropriate self-education for individuals. This work aligns with **Priority Action 2, 1.1 of the Action Plan**: to improve awareness and understanding of endometriosis among health professionals working at every stage in the clinical pathway, providing services related to diagnosis, treatment options, care pathways and the ongoing support for people living with endometriosis.

### Guideline implementation activities

- Define, document, and evaluate care models on recommended clinical pathways for the detection and management of endometriosis. This would take the form of a national clinical resource to educate and guide healthcare professionals involved in endometriosis care, incorporating existing chronic disease management mechanisms, such as GP Management Plans and Team Care Arrangements to support holistic care.
- Update teaching and training material to include endometriosis within the curriculum for relevant medical and health practitioners - both at student and postgraduate levels.
- Promote and utilise existing resources including RANZCOG joint guidelines on accreditation of surgical procedures and standardised, easily accessible consumer tools, developed by RANZCOG, that aid diagnosis to encourage earlier support and intervention. This work aligns with **Priority Action 2, 1.2 of the Action Plan**: to embed a standardised procedure involving proactive assessment, examination and available diagnostic services pending the availability of definitive diagnostic tools (e.g., biomarkers).

### Guideline maintenance

- Guidelines are designed to translate best available evidence into best practice. It is essential that the endometriosis guideline continues to reflect the most up-to-date clinical evidence. RANZCOG proposes establishing processes to assess and synthesise emerging data on the epidemiology of endometriosis and chronic pelvic pain from longitudinal research and trials on effective interventions and increased action on endometriosis. This work aligns with **Priority Action 3, 2.2 of the Action Plan**: to ensure that high-quality international and local research is translated into clinical practice.

The proposal would require approx. **\$240k per year**, and the phased approach will occur over a three-year period. The budget will cover program administration and delivery, committee management, engagement, resource development and technology.

## Impact and value creation

RANZCOG is well placed to lead a Commonwealth-funded dissemination and implementation program to achieve greater awareness and adherence to the guideline across Australia. The College expects the proposed implementation and maintenance of the guideline will reduce the delays to diagnosis (average 6.5 years) that is currently experienced by Australians, and which has a significant knock-on effect to their quality of life and productivity. The work will help to deliver key objectives set out in the Government's Action Plan – primarily to improve awareness of the evidence-based guideline among the clinical workforce and the public, and progress implementation of recommended pathways of care that enables clinicians, and their clients engage in the holistic treatment of symptomatic endometriosis. It will achieve this by encouraging interdisciplinary team working to strengthen clinical pathways between health professionals involved in the daily and long-term management of Australians living with endometriosis. It will help to optimise the outcomes for consumers suspected or confirmed to have endometriosis to reduce the day-to-day impact on personal and professional lives, leading to improved outcomes, and social and economic participation.

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